



African American and Rural Community Infant Mortality Work Group CHARTER

Purpose

Chapter 83 of the 2018 State Laws of Maryland requires the Maryland Health Care Commission, in consultation with the Office of Minority Health and Health Disparities, the Maternal and Child Health Bureau, the Vital Statistics Administration, and interested stakeholders, to conduct a study regarding the mortality rates of African American infants and infants in rural areas. The Commission is required to submit findings and recommendations to the Senate Finance Committee and the House Health and Government Operations Committee by November 1, 2019. The commission is convening a work group to provide advice on the study.

Background

Infant mortality in Maryland is above the national average. After significant improvement between 2007 and 2012, the state infant mortality rate has crept up slightly in the past few years. In addition, there are disparities in the infant mortality rate in Maryland by both race/ethnicity, with African American infants experiencing higher rates of infant mortality than other infants.¹ Looking at trends over time, we also see downward trends in urban infant mortality in the state (partly due to Baltimore City's success in sustaining focus on infant mortality programming) while the rates in rural areas appear to be trending upward in recent years.

The State of Maryland last conducted a study on infant mortality in 2011.² This study resulted in a plan to address infant mortality in Maryland.³ Maryland and localities within Maryland continue to implement a number of the strategies recommended in that plan, as well as programs and interventions that were not conceived of in the 2011 plan.

¹ In 2016, 8.5 percent of infants born in Maryland had a low birth weight (just over the national average of 8.2%). Henry J. Kaiser Family Foundation, "Births of Low Birthweight as a Percent of All Births by Race/Ethnicity: 2016", State Health Facts, <https://www.kff.org/other/state-indicator/low-birthweight-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Non-Hispanic%20Black%22,%22sort%22:%22desc%22%7D>

² Maryland Department of Health and Mental Hygiene, Maryland Infant Mortality Epidemiology Work Group "Findings from Data Analysis and Overall Recommendations" August 24, 2011 https://health.maryland.gov/babiesbornhealthy/pdf/IM_Epi_Work_Group_%20Report_Final_Aug_24_2011.pdf.

³ Department of Health and Mental Hygiene, "Plan for Reducing Infant Mortality in Maryland", December 2011. https://health.maryland.gov/babiesbornhealthy/pdf/Plan_Reducing_Infant_Mortality_MD_Dec2011.pdf

Given the continuing disparities in infant mortality and birth outcomes, as well as continued growth in knowledge about what works within the state, in other states, and around the world, Maryland is again conducting a study to understand how the state can improve its efforts to improve outcomes for infants and families in the state.

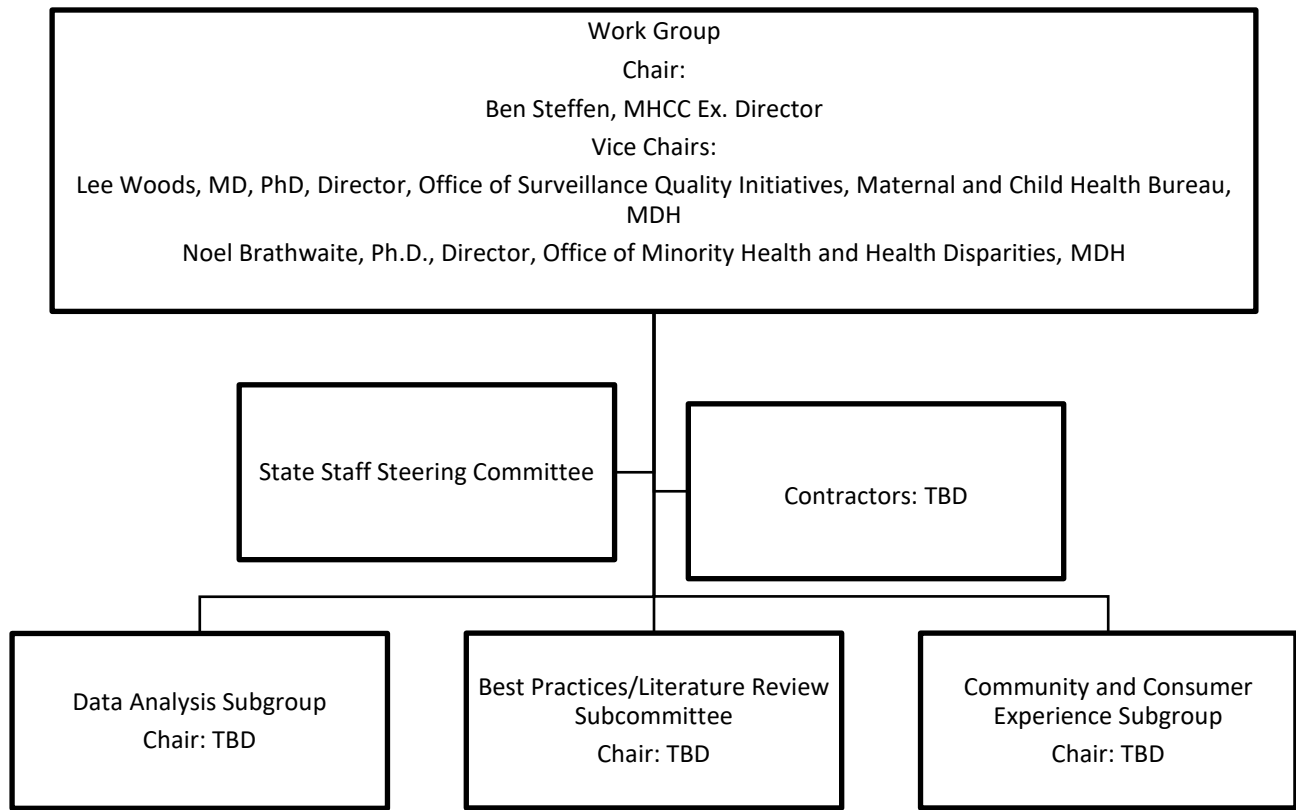
Workgroup structure

The Infant Mortality Workgroup will be chaired by Ben Steffen, the executive director of the Maryland Health Care Commission. Workgroup vice chairs will be Lee Woods, MD, PhD, Director, Office of Surveillance Quality Initiatives, Maternal and Child Health Bureau, Maryland Department of Health and Noel Brathwaite, Ph.D., Director of the Office of Minority Health and Health Disparities, Maryland Department of Health.

The Infant Mortality Workgroup be divided into three subgroups: Data analytics, Best Practices/Literature Reviews, and Community and Consumer Experience.

The Maryland Health Care Commission and the Maryland Department of Health including staff from Maternal and Child Health Bureau, the Office of Minority Health and Health Disparities, and Vital Records (i.e. State entities required by the authorizing statute) will convene a steering committee and staff the work group. The MHCC will fund (up to the amount authorized in the fiscal note) and direct the contractors required to support the work group.

Figure 1: Workgroup Structure



Workgroup Responsibilities

The primary responsibility of the Infant Mortality workgroup is to review content for the Infant Mortality Study Report (including content developed by the three work groups) and provide advice to MHCC on the findings and recommendations of the study. The Infant Mortality workgroup is advisory in nature. The MHCC is required to submit the study report to the General Assembly. The Commission, in consultation with the Secretary of Health, may make changes to the report before submission to the General Assembly.

The workgroup will organize three subgroups and other subgroups if needed. Potential discussion topics for the three subgroups include, but are not limited to, the following:

1) Data Analytics Subgroup

- Provide input on the data analytics approach and methods used by state staff to analyze data to:
 - “examine factors, beyond the known factors of low birth weight, teen pregnancy, poor nutrition, and lack of prenatal care, affecting the mortality of African American Infants and infants in rural area in the United States and in the state”; and
 - Identify the costs “associated with low birth weight babies and infant mortality”
- Provide input to state staff and contractors conducting a literature review of existing literature on the factors described above.
- Review and provide feedback on data analysis and research results.
- Provide input on the presentation of the analysis and results to the larger work group for inclusion in the study report.
- Develop draft recommendations for consideration by the larger workgroup.

2) Innovative Programs

- Provide input to state staff (and a contractor TBD) for research of innovative programs and best practices that could be expanded and replicated in Maryland. This includes researching “programs in other countries, states, and localities, that have aimed to reduce the infant mortality rate”, as required by statute. This research will include focused reviews of—
 - Programs focused on infants in rural communities,
 - Programs focused on African American Infants, and
 - Effective use of pregnancy navigators and community health workers
- Review and provide feedback on research results.
- Provide input on the presentation of the results to the larger work group for inclusion in the study report.

- Develop draft recommendations for consideration by the larger workgroup.

3) Community and Consumer Experience

- Share experiences and lessons from Maryland communities and consumers
- Provide input to state staff (and a contractor TBD) as they develop an inventory of programs focused on infant mortality in Maryland (including both statewide and local/regional programs), including lessons learned from any existing evaluations of those programs.
- Provide input on the presentation of the results to the larger work group for inclusion in the study report.
- Develop draft recommendations for consideration by the larger workgroup.

Workgroup Meetings

A simple majority of the members shall constitute a quorum at any meeting for the conducting of the business of the workgroup and potential subgroups. All meetings of the workgroup/subgroups are open to the public.⁴

The work group will meet approximately quarterly September 2018-April 2019, and will meet approximately every 6 weeks between April 2018 and October 2019 (approximately 7 meetings). In-person meetings will be usually be held at MHCC located at 4160 Patterson Avenue, Baltimore, MD 21215, with a teleconference option available for all meetings. Notice of all meetings, stating the time, place (if applicable) and teleconference information, shall be given to each member by email. Reasonable notice of all meetings shall be provided to the public by posting on MHCC's website here: mhcc.maryland.gov/mhcc/pages/home/meeting_schedule/meeting_schedule.aspx.

Each subgroup will meet approximately four times, with meetings approximately every six weeks between September 2018 and April 2019. Subgroup meetings may occur after April 2019, if necessary.

Membership and Chairs' Responsibilities

Members are strongly encouraged to attend meetings in-person when held in-person; teleconference access will be made available. Members participating via teleconference shall count for quorum purposes, and their position on recommendations shall be noted so long as their participation is included in the attendance. The work group leadership shall strive to reach consensus on recommendations adopted by the work group.

Members are encouraged to offer their input on all topics presented to the workgroup/subgroup.

Subgroup chairs shall be determined by MHCC in consultation with the state steering committee after members of the work group sign up for subgroups. Subgroup Chairs' terms shall last for the duration of the subgroup in which they serve. In addition to presiding at meetings, subgroup Chairs shall take an active role in developing policy recommendations and work with MHCC to determine action items requiring MHCC and state support resources.

⁴ As a State agency, MHCC follows the Open Meeting Act.

Timeline and Deliverables

The workgroup will be convened in the fall of 2018 and meet through fall 2019. The output from these workgroup/subgroup meetings will be compiled into a study report that forms the basis for any findings and recommendations presented in a final report by MHCC. The final report will include the names of all workgroup participants and proposed recommendations to inform future legislation.

Exhibit 1: Key Dates for Infant Mortality Work Group

Event	Date
Introductory work group meeting	September 17, 2018
Regular Subgroup meetings	October 2018-April 2019
Regular workgroup meetings	Sept. 2018-June 2019
Workgroup meeting to review initial study report draft	July 2019
Workgroup meeting to review final draft	Sept/October 2019
Review of study draft by MHCC	October 2019
Study report due to legislature	November 1, 2019